United Nations A/55/779

General Assembly

Distr.: General
16 February 2001

Original: English

Fifty-fifth session
Agenda item 179
Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects

Special session of the General Assembly on HIV/AIDS

Report of the Secretary-General

Summary

In the two decades since it has been with us, the acquired immunodeficiency syndrome (AIDS) epidemic has continued its relentless spread across continents, hitting harder in some places than others but sparing no country. In these two decades, it has become a truly global emergency.

That the world finally recognizes the scale of this crisis is clear in the Millennium Declaration (General Assembly resolution 55/2) adopted by the Millennium Summit of the United Nations, held in September 2000. In the Declaration, the world's leaders committed themselves to halting and beginning to reverse the spread of the human immunodeficiency virus (HIV)/AIDS by 2015; providing special assistance to children orphaned by HIV/AIDS; and helping Africa build up its capacity to tackle the spread of the HIV/AIDS pandemic and other infectious diseases. The decision by the General Assembly to convene a special session to review and address the problem of HIV/AIDS as a matter of urgency followed quickly after the Millennium Summit, and is seen as the first step in the realization of the commitments expressed in the Declaration.

The present report examines the spread of the epidemic and reviews its impacts — demographic, social, economic and from the standpoint of the security of people and nations. It approaches the epidemic from all levels, recognizing that although a global problem requires a global response, the mobilization of people and communities is also essential. It is at the household and community level, supported by civil society groupings, that open dialogue about norms, values, gender issues, health and sexuality takes place and can have a real impact on people's ability to reduce their vulnerability to infection.

01-24685 (E) 200201

The present report outlines key lessons learned, including successes achieved, since the start of the epidemic: that a greater epidemic can be prevented in future; that capacity and commitment have increased; that cross-sectoral approaches are expanding; that prevention works; that intensified efforts are needed to procure widespread and affordable access to care and treatment; that successful responses have their roots in communities; that empowering young people and women is essential; that people living with HIV or AIDS are central to response; and that the epidemic must be tackled on several fronts — by addressing risks associated with behaviours and situations, vulnerability to the risk of infection and impact on the lives of individuals and their communities.

The present report assesses the response to the epidemic through the triple lens of leadership, coordination and the need for adequate resources. **Leadership** — at the global as well as the country level — is the single most important factor in reversing the epidemic.

One of the most important leadership challenges is to ensure that the full power and authority of the State is brought to bear on the epidemic, securing the mobilization of all sectors and levels of government, a decentralized implementation of interventions, solid partnerships with non-governmental actors, adequate funding from national budgets, and appropriate resource allocations across sectors and down to the district/municipal levels.

A second factor in the success against HIV/AIDS, both nationally and globally, is improved **coordination** across all sectors of social and economic planning between Governments, among government and non-governmental partners, and among international and national civil society. At a time when resources and the number of actors intervening against AIDS are increasing, the coordination of efforts becomes even more critical in a strong response. By encouraging the collective approaches and problem-solving that are crucial to a cross-cutting issue like AIDS, coordination can help focus energy and resources on specific goals in order to avoid duplication and enhance cost-effectiveness. In this way, collective approaches and problem-solving add significant weight to what might otherwise be seen as piecemeal solutions. A large-scale synergistic and systematic response is required.

A third critical factor is the need for adequate **resources**. Worldwide, financial resources allocated to HIV/AIDS, particularly in the most affected regions, is only a fraction given the magnitude of the epidemic. For example, a well-resourced response for prevention and basic care programmes in Africa alone would require at least US$ 3 billion a year, not including antiretroviral therapy. Yet only a fraction of this amount is available despite growing evidence of political will and commitment.

These challenges are described in a conference room paper that will be issued to complement the present report.

Considerable success has been achieved in addressing the epidemic in many parts of the world. Declining HIV infection rates in many communities and in some cases across nations, especially among young people, have proven that prevention strategies work. Declining death rates from AIDS in industrialized countries and some developing countries have also demonstrated recent benefits of HIV treatment and that care is effective.

Meeting the challenge of HIV/AIDS requires a combination of approaches: strengthening leadership, alleviating the social and economic impacts of the

epidemic, reducing vulnerability, intensifying prevention, increasing care and support, providing international public goods and increasing resources.

HIV/AIDS is the most formidable development challenge of our time. The General Assembly, in calling for a special session on HIV/AIDS, has recognized this, and at the special session will aim to secure a global commitment for intensified and coordinated action at the global and national levels.

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I. Introduction

1. Acquired immunodeficiency syndrome (AIDS) has become a major development crisis. It kills millions of adults in their prime. It fractures and impoverishes families, weakens workforces, turns millions of children into orphans, and threatens the social and economic fabric of communities and the political stability of nations. The negative impact of the human immunodeficiency virus (HIV) and AIDS on development, particularly in southern Africa but increasingly in such areas as the Caribbean, South and South-East Asia, cuts across development sectors and across society. AIDS spreads rapidly, undermining labour forces, business productivity, exports, investments and ultimately national economies. If the epidemic continues at its present rate, the hardest-hit nations stand to lose up to 25 per cent of their projected economic growth over the next 20 years.

2. In September 2000, the General Assembly adopted the Millennium Declaration (resolution 55/2), in which it called for concrete action on HIV/AIDS. Specifically, the Millennium Declaration commits the world's leaders to halting and beginning to reverse the spread of HIV/AIDS by the year 2015; providing special assistance to children orphaned by HIV/AIDS; and helping Africa to build up its capacity to tackle the spread of the HIV/AIDS pandemic and other infectious diseases. The Declaration came after a series of follow-up events to global conferences, including the World Summit for Social Development, the Fourth World Conference on Women and the International Conference on Population and Development, which all identified priorities on HIV/AIDS (see annex I). The year 2000 opened with a debate in the Security Council that recognized AIDS as an issue of human security and acknowledged its growing impact on increased regional instability and issues of national security.

3. In recognition of the severity of the epidemic, the United Nations decided to convene, as a matter of urgency, a special session to review and address the problem of HIV/AIDS. The special session will aim to secure a global commitment for enhanced coordination and intensified national, regional and international efforts to combat the epidemic. The present report provides a brief global overview of the epidemic and examines its critical aspects. The report also analyses lessons learned in the fight against AIDS to date, and highlights areas that will require urgent attention in the years to come.

II. Epidemic overview

4. In December 2000, the Joint United Nations Programme on HIV/AIDS (UNAIDS) secretariat and the World Health Organization (WHO) reported that by the end of 2000, 36.1 million men, women and children around the world were living with HIV or AIDS and 21.8 million had died from the disease. The same year saw an estimated 5.3 million new infections globally and 3 million deaths, the highest annual total of AIDS deaths ever. The spread of HIV has brought about a global epidemic far more extensive than was predicted even a decade ago, with the number of people living with HIV or AIDS worldwide 50 per cent higher than the figure projected in 1991. Modes of transmission continue to be unprotected sex, unscreened blood and blood products, contaminated needles, mother-to-child transmission and breastfeeding.

Africa

5. AIDS is now found everywhere in the world but has hit hardest in sub-Saharan Africa. Africa is home to 70 per cent of adults and 80 per cent of children living with HIV, and to three quarters of the nearly 22 million people worldwide who have died of AIDS since the epidemic began. During 2000, an estimated 3.8 million people became infected with HIV in sub-Saharan Africa and 2.4 million people died. AIDS is now the primary cause of death in Africa. Today, an estimated 25.3 million Africans are living with HIV or AIDS, and in 16 countries more than one tenth of all adults (people aged 15 to 49) are infected. A tragic aspect of the epidemic is the growing population of orphaned children: of the world's 13.2 million children orphaned by AIDS, 12.1 million are in Africa.

6. Within sub-Saharan Africa, Southern Africa has more people living with HIV than any other region. One in four women aged 20 to 29 is infected. In West Africa, infection rates are up, and they continue to be high in East Africa. The countries of North Africa and the Middle East have so far been the least affected by the epidemic. With the exception of the Sudan and Djibouti, prevalence rates are 1 per 1000 adults or lower. However, recent data suggests that these countries are not immune to the epidemic. There are reports of increasing prevalence among pregnant

women in some areas, as well as among some high-risk populations.

7. In 2000, for the first time the number of new infections in the region was not higher than in the previous year. Two factors may be responsible. First, the epidemic has existed for so long that it has already affected many sexually active persons, shrinking the pool of available people to whom the infection could still spread. Second, successful prevention programmes in a handful of countries — notably Uganda, parts of Zambia and the United Republic of Tanzania — have reduced national infection rates, particularly among young people. In Senegal, the prevalence rate appears to be stable, at the low level of 1.7 per cent of the general population, while South Africa and Kenya's rates may have stabilized but at much higher rates, of 19.9 and 13 per cent, respectively.

8. Africa faces a triple challenge of daunting proportions: it must reduce new infections by enabling individuals to protect themselves and others; it must bring health care, support and solidarity to an increasingly infected population; and it must cope with the cumulative impact of millions of AIDS deaths on survivors, communities and national development.

Asia and the Pacific

9. Asia has so far escaped the high infection rates registered in Africa. Only three countries — Cambodia, Myanmar and Thailand — have prevalence rates exceeding 1 per cent among 15- to 49-year olds. But infections are rising. In South and South-East Asia during the past year, 780,000 adults, almost two thirds of them men, became infected. East Asia and the Pacific registered 130,000 new infections. In Thailand, the strong response that was built around a programme promoting 100 per cent condom use in commercial sex has cut prevalence in young men by over 50 per cent.

10. The HIV/AIDS epidemic is relatively recent in Asia and its dynamics vary greatly across the continent, both among and within countries. These differences hide broadly recognizable patterns, however, including a considerable spread of HIV among the heterosexual population, a large concentration in drug-injecting groups, and a high incidence of HIV among sex workers and among men who have sex with men. While infection rates are low in the general population in countries like China and India — which between them account for more than one third of the world's total population — even a low rate of infection means that huge numbers of people are affected. China is experiencing population movement that dwarfs any other in recorded history. Having practically eradicated sexually transmitted infections by the 1960s, China is now witnessing a steep rise in these rates, which could translate into higher HIV spread. In India, HIV surveillance has found prevalence rates of above 2 per cent among pregnant women in some areas, and in studies among injecting drug users in Manipur State, rates have varied between 40 and 75 per cent.

Eastern Europe and Central Asia

11. The countries of the former USSR present some of the most dramatic trends in the worldwide AIDS epidemic. Previously characterized by very low prevalence rates, the region now faces an extremely steep increase in the number of new infections, up from 420,000 at end-1999 to at least 700,000 one year later. In 2000 alone, more new infections were registered in the Russian Federation than in all previous years combined. Of the region's 250,000 new infections, most occurred among men, the majority of them injecting drug users. However, recent data in the Ukraine has found increasing prevalence among pregnant women.

12. A complicated backdrop of economic crisis, rapid social change, increased poverty and unemployment, growing prostitution and changes in sexual norms have all contributed to fuelling the rapid spread of HIV throughout the region.

13. The Central Asian Republics have until recently been little affected by the HIV/AIDS epidemic, but recent data from some countries suggest that the spread of HIV has begun to spread among injecting drug users.

Latin America and the Caribbean

14. The epidemic in Latin America is a complex mosaic of transmission patterns, in which HIV continues to spread through sex between men, sex between men and women, and injecting drug use. An estimated 150,000 adults and children became infected during 2000, bringing the total number of infected to 1.4 million. Brazil, the most populated country in the region, has the largest number of people living with HIV — 540,000. At the same time, the number of

AIDS cases, especially the number of AIDS-related deaths, has significantly decreased as a result of widespread access to life-prolonging treatments. From 1995 to 1998, mortality from AIDS in Brazil fell by 30 per cent.

15. The Caribbean has the highest rate of HIV infection in the world after sub-Saharan Africa, and AIDS is already the single greatest cause of death among young men and women in this region. In Haiti, the Caribbean's worst-affected country, about 8 per cent of adults in urban areas and 4 per cent in rural areas are infected. Across the Caribbean, the epidemic is spreading particularly fast through heterosexual transmission. It is driven by early sexual activity combined with frequent partner changes and age mixing — younger women having sex with older men.

16. In Central American countries — ravaged by years of armed conflict, environmental destruction and uneven social development — the epidemic is concentrated among disadvantaged and mobile populations, with increasing prevalence rates among women.

17. A major challenge that cuts across the region remains the need for awareness programmes aimed at men who have sex with men and injecting drug users.

High-income countries

18. High-income countries witnessed a major decline in AIDS-related deaths in the 1990s from AIDS because effective treatment, mainly antiretroviral therapy, is keeping people alive longer. However, that good news is tempered by a stall in prevention efforts and by new infections, which show no sign of slowing. In 2000, despite years of awareness about AIDS, 30,000 people in Western Europe were infected and 45,000 in North America.

19. Thousands of new infections occurred through unsafe sex between men. In recent years, fewer young men have lost friends to AIDS and many mistakenly consider antiretrovirals a cure, reflecting a growing complacency among this high-risk population. At the same time, stigma around homosexuality persists, hampering prevention efforts and reinforcing discriminatory attitudes.

20. Heterosexual sex is now the main mode of HIV transmission in some European countries. In the United States, HIV/AIDS is also affecting minority populations disproportionately, with disadvantaged young African-Americans in rural areas one of the groups at high risk of HIV infection.

21. The bulk of new infections continues to occur in men who have sex with men and injecting drug users, however. While prevention programmes consisting of AIDS education, condom promotion, needle exchange and drug treatment have proven effective, strong political determination is now needed in order to apply energetic prevention measures and reach out to marginalized people and their partners.

III. Socio-economic impacts of HIV/AIDS

22. AIDS, while continuing to be an important health issue, has evolved into a complex social and economic emergency. HIV primarily affects young adults, cutting a broad path through society's most productive layer and destroying a generation of parents, whose death leaves behind orphans, desocialized youth and child-headed households. AIDS has a significant impact on the more educated and skilled segments of society because HIV primarily infects productive young adults rather than children or the elderly. The stigma attached to HIV and AIDS adds to the impediments encountered in mounting a response to AIDS, in addition to the discrimination already faced by infected individuals. HIV also increases social and economic vulnerability among women.

23. In the hardest-hit regions, AIDS is now reversing decades of development. It changes family composition and the way communities operate, affecting food security and destabilizing traditional support systems. By eroding the knowledge base of society and weakening production sectors, it destroys social capital. By inhibiting public and private sector development and cutting across all sectors of society, it weakens national institutions. By eventually impairing economic growth, the epidemic has an impact on investment, trade and national security, leading to still more widespread and extreme poverty. In short, AIDS has become a major challenge for human security.

A. Demographic impacts

24. AIDS deaths are premature deaths. In countries where HIV spreads mainly through unsafe sex between

men and women, the majority of infected people acquire HIV in their twenties or thirties and will die of AIDS on average a decade later. In a number of countries, AIDS has resulted in increased mortality among children under five, and is now wiping out half a century of development gains, including increases in life expectancy at birth, particularly in southern Africa, where life expectancy increased from 44 years in the early 1950s to 59 in the early 1990s. Between 2005 and 2010, it is expected to fall to 45 years and even lower in some countries.

25. The lifetime risk of dying of AIDS is far higher than the general prevalence rate would suggest. For example, where prevalence is 15 per cent and rates continue to apply through their lifetime, over half of today's 15-year olds will die. In Botswana, which has a prevalence rate of 36 per cent, over three quarters would die of AIDS. In some countries, these trends are reshaping the traditional population pyramid into a new "population chimney", with a narrowing base of young people and children. The most dramatic change in the pyramid occurs when young adults, infected early, begin to die of AIDS. Only those adults who escape HIV infection can expect to survive to middle and old age. Also, recent studies among various African populations indicate that rates of HIV infection in young women aged 15 to 19 may be five to six times higher than in young men.

B. Social impacts

26. The premature death of large numbers of young adults has an inevitable impact on those societies most affected by AIDS.

Households and families

27. Households and families bear the brunt of the misery caused by AIDS. Those who fall ill become unable to work, forcing family members to care for them rather than producing food or income. According to studies of rural families in Thailand and urban families in Côte d'Ivoire, farm output and income fell between 52 and 67 per cent in families affected by AIDS. Families are also subject to discrimination if they have members who are HIV-positive, often facing reduced access to publicly available social and economic benefits.

Gender

28. The gender dynamics of the epidemic are far-reaching due to women's weaker ability to negotiate safe sex and their generally lower social and economic status. More women than men are caretakers of people with AIDS, which may saddle them with the triple burden of caring for children, the elderly and people living with AIDS — as well as financial responsibility for their family's survival. Girl children or older women may find themselves at the head of households, and many girls from families facing poverty risk exploitation, especially sexual exploitation, when trying to bring in additional income. Mother-to-child transmission is also a concern.

Education

29. Where AIDS is widespread, education — an essential building block of development — is being impaired. The epidemic is eroding the supply of teachers and diluting the quality of education. AIDS also reduces the amount of money available for school fees, and forces an increasing number of children — more girls than boys — to drop out of school in order to help at home. As teachers become ill and unable to work, some schools are closing. In parts of Southern Africa, one fifth of teachers and secondary school students are estimated to be HIV-positive.

Health services

30. Since the beginning of the epidemic, 21.8 million people have fallen sick and died of AIDS, placing ever-increasing demands on health services in the worst-affected countries. Often, this increased demand stretches already over-burdened public health systems. In 1997, public health spending on AIDS alone exceeded 2 per cent of gross domestic product (GDP) in seven of 16 African countries sampled, a staggering amount for countries whose health expenditure for all diseases accounts for 3 to 5 per cent of GDP. Adding to these increased demands is the crushing burden of AIDS on health workers themselves. A study in Zambia showed that in one hospital, deaths among health-care workers increased by a factor of 13 over a decade, largely because of HIV. Overburdened public health systems may also further marginalize minority, disabled and elderly women with HIV/AIDS. HIV-positive people also lack access to medicines and to health care, often facing discrimination from hospital staff or health-care systems.

Orphans

31. AIDS has a dramatic impact on children, particularly through the emergence of an entire generation of orphans to families affected by HIV. To date, the epidemic has left behind 13.2 million orphans, children who before the age of 15 have lost either their mother or both parents to AIDS. Studies have shown that children orphaned by AIDS are at greater risk of malnutrition, illness, abuse and sexual exploitation than children orphaned by other causes. The stigma and discrimination they face can also deprive them of basic social services and education. Today, in many African countries 20 to 25 per cent of all households are fostering orphans. The long-term consequences of such shifts in socialization are incalculable.

Human Development Index

32. The Human Development Index (HDI), a generally accepted measure of development based on economic and social indicators, is also affected by AIDS. In Namibia, for example, the HDI is predicted to fall 10 per cent by 2006 and in South Africa by 15 per cent before 2010 because of AIDS.

C. Economic impacts

Economic growth

33. Growing evidence suggests that AIDS is having a devastating effect on economic growth and incomes. According to the World Bank, had average national HIV prevalence in sub-Saharan Africa not reached 8.6 per cent in 1999, per capita income on that continent would have grown 1.1 per cent, nearly three times the actual growth rate of 0.4 per cent achieved during 1990-1997. In the case of a typical sub-Saharan African country with a prevalence rate of 20 per cent, overall GDP growth would be 2.6 per cent lower each year. At the end of 20 years, the economy would be two thirds smaller than it would otherwise have been.

Workers

34. AIDS reduces the number of healthy workers, especially experienced workers in their most productive years. This raises dependency, diminishes human capital, and may cut productivity growth by as much as 50 per cent in the hardest hit countries.

Public sector

35. In the public sector, AIDS reduces government revenues and puts severe strain on budgets as spending on health and social welfare mount. Scarce capacity is depleted, and the return on other public investments falls.

Governance

36. Governance suffers as a result of the epidemic: HIV/AIDS has a disastrous impact on the capacity of Governments, especially on the delivery of basic social services. Human resources are lost, public revenues reduced and budgets diverted towards coping with the epidemic's impact. Similarly, the organizational survival of civil society institutions is under threat, with a corresponding impact on democracy.

Private sector

37. In the private sector, firms face higher costs in training, insurance, benefits, absenteeism, medical costs, sick leave, funerals and pensions. At the same time, the average experience of their labour force falls, reducing accumulated knowledge within firms. The most seriously affected businesses are those that are labour-intensive, such as transport. Companies in Africa have already felt the impact of AIDS on their bottom line. One sugar estate in Kenya quantified the cost of HIV infection as 8,000 days of labour lost to illness in two years, a 50 per cent drop in processed sugar recovered from raw cane in four years, and a tenfold increase in health costs. The company estimated that more than three quarters of all illness was related to HIV infection.

Agriculture

38. AIDS also threatens the basic livelihood of people living in developing countries, especially the poor. In many countries, agriculture provides a living for as much as 80 per cent of the population. As adults in rural areas fall ill, productivity drops off dramatically. Patterns of cropping shift from cash crops to subsistence farming, reducing household income and forcing the family to sell such assets as equipment or cattle to get by. Children may be withdrawn from school to help with work or tend to the sick, impairing their own development. In some areas, women dominate agricultural labour — up to 80 per cent —

and this requires a gender-sensitive response to HIV/AIDS.

D. Impact on security

39. The reverse in economic growth and development gains being experienced in some countries affected by AIDS is magnified by the fragility and complexity of geopolitical systems. The epidemic is present in a number of countries already facing conflict, food scarcity and poverty, and poses real threats to social and political stability where it is most concentrated — in Africa. The Security Council redefined security as an issue going well beyond the presence or absence of armed conflict, one which affects health and social services, family composition and social structure, economies and food security.

40. There is now broad acknowledgement that AIDS has become a global development crisis, potentially affecting national security in some countries. Armed conflict and associated population movements provide fertile ground for the spread of AIDS, while the epidemic itself can be seen as a risk factor in the breakdown of social cohesion and in social and political instability, in addition to a threat to security forces.

IV. Global, regional and national responses to AIDS

A. Global response

41. Until recently, the response to AIDS lacked an essential element: political recognition and commitment at the highest global and national levels. Today, AIDS is on the world's global political agenda and is considered an issue of utmost urgency in nearly every country. Given the societal root causes, the breadth of impact of HIV and the continuing stigma it attracts, a purely medical or public health response is insufficient. Political leadership at the highest levels is needed to mobilize an effective multisectoral response.

Joint United Nations Programme on HIV/AIDS

42. In 1996, to mobilize the main United Nations agencies in a coordinated response and individually in their respective areas of work, the United Nations drew together six agencies — the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank — in a joint and co-sponsored programme, the Joint United Nations Programme on HIV/AIDS (UN/AIDS). A seventh, United Nations International Drug Control Programme (UNDCP), joined in 1999. The urgent need for concerted action on AIDS was further emphasized in April 2000, when the Administrative Committee on Coordination called on all United Nations agencies to engage in AIDS through policy development and resource allocation to HIV/AIDS activities, and developed measures designed to improve support to United Nations staff and dependants living with HIV or AIDS.

43. UNAIDS co-sponsors have made significant progress in mainstreaming HIV/AIDS into their programmes, and AIDS is now an institutional priority in the respective organizations (for individual co-sponsors' activities, see annex II). Collectively, UNAIDS co-sponsors and the UNAIDS secretariat have established a joint budget and work plan and are developing a United Nations system-wide strategic plan on HIV/AIDS. Cooperation with non-co-sponsoring United Nations organizations and agencies, including the Food and Agriculture Organization of the United Nations (FAO), the International Labour Organization (ILO), the Office of the United Nations High Commissioner for Human Rights, the United Nations Development Fund for Women (UNIFEM) and the World Food Programme (WFP) is also expanding.

Development agencies

44. International development agencies have taken significant steps to elaborate comprehensive strategies on HIV/AIDS and to increase technical and financial resources for the fight against the epidemic. Most donor countries have also begun to mainstream AIDS into their overseas development cooperation programmes, and have developed global HIV/AIDS strategies as an integral part of their overall development assistance programmes.

Non-profit foundations

45. Non-profit foundations are increasingly in the forefront of the response. For example, the Bill and Melinda Gates Foundation has made large grants to

support AIDS prevention among youth and health-care work in several African countries. The United Nations Foundation (UNF) funds AIDS-related activities in a Southern Africa initiative and in Ukraine, and will expand efforts to support activities in India, South Asia and Central America in 2001. UNF has also funded several other projects that integrate AIDS work into broader projects on education, health and development. Support early on in the epidemic was provided by the Rockefeller Foundation.

Civil society

46. Civil society has led the way on some of the most sensitive issues, such as drug-related prevention, human rights promotion and protection of people living with HIV/AIDS. NGOs have made significant contributions to the development of appropriate models for community care and support. Along with several treatment action groups, they have initiated advocacy programmes and placed the issue of equitable and affordable access to care, treatment and support onto global and national agendas. Civil society groups are also key actors in regional and international partnerships, such as the International Partnership Against AIDS in Africa.

Corporate sector

47. The corporate sector has an important contribution to make, particularly in the regions of the world hardest hit by HIV/AIDS. Organizations involving and representing businesses, such as the Global Business Council on HIV/AIDS, are taking the lead in promoting the involvement of business in cross-sectoral partnerships with Governments and NGOs. Such companies as MTV, Standard Chartered Bank, Coca-Cola and Unilever are increasingly showing leadership in the partnership field.

48. As well as researching and developing new HIV drugs, multinational pharmaceutical companies have initiated corporate responsibility programmes to help support global responses to HIV/AIDS, including training of health-care professionals in developing countries and support for community-based organizations. As part of broader endeavours to improve access to HIV care, support and treatment in developing countries, five companies agreed in May 2000 to collaborate with the UNAIDS secretariat, WHO, UNICEF, the World Bank and UNFPA by reducing the prices of their medicines. This reflects an increasing acceptance by the industry of tiered pricing of commodities and treatments (namely, significantly reduced pricing for developing countries), within a wider review of options for improving access to and the affordability of HIV-related commodities and services. The manufacture and distribution of generic drugs in line with international agreements and the provisions that they make provide further opportunities to widen access to care and treatment. However, much more needs to be done. All options for improving access to care should be pursued at the global and national level. Options at the country level would include support for strategic plans for care that address the needs of health and social systems, as well as equity issues and the use of public subsidies for commodities and medicines. Globally trade policy provisions need to be used more effectively to increase access to care. The availability of low-cost generic drugs needs to be expanded, in accordance with national laws and international trade agreements and with a guarantee of their quality. The relevance of compulsory licensing and the development of national manufacturing capacities need further expansion.

Research and academic organizations

49. With no cure for HIV/AIDS in sight, further research on effective prevention and care technologies — such as vaccines, microbicides and potent new treatments — remains crucial. International initiatives, such as those on vaccines development, including the International AIDS Vaccine Initiative and the African Vaccine Initiative, are becoming increasingly essential to the response. Academic research institutions from both the public and private sectors also have an important role to play. In addition, new technologies, innovative financing and delivery systems need to be developed so that access is as prompt and broad as possible.

B. Regional and national responses

50. While global responses to AIDS are essential, regional and national responses are key elements in halting the spread of the epidemic, both in their own right and since regional responses facilitate support to national-level initiatives. The real success in the fight against HIV and AIDS will be fought or won at the national level.

United Nations theme groups on HIV/AIDS

51. The principal avenue of United Nations support to national-level AIDS responses is provided by United Nations theme groups on HIV/AIDS, made up of co-sponsoring and other relevant agencies, bilateral donors, NGOs and representatives of the host country. Working through the United Nations resident coordinator system, theme groups — guided by national priorities and by Governments — support national efforts to curb the epidemic by working together on joint programme design and planning, monitoring and resource mobilization, while increasing their own HIV/AIDS activities.

Non-governmental organizations and community-based groups

52. Civil society, especially non-governmental organizations and community-based groups at the national level, such as groups of people living with HIV/AIDS, have made critically important contributions to responses to HIV/AIDS. This has often been done with the support of international organizations, international networks of groups representing people living with HIV/AIDS, AIDS-specific NGOs and mainstream NGOs, ranging from faith-based groups to membership organizations and service groups, that go beyond a basic response to HIV/AIDS and address the development issues that fuel the epidemic.

Businesses

53. Businesses — both large and small — can provide HIV prevention and related programmes in the workplace, including support for employees infected or affected by HIV. As well as participating in HIV/AIDS programmes in the local communities where they are based, businesses can be active in cross-sectoral partnerships with Governments and NGOs. The emergence of national business coalitions on HIV/AIDS helps to engage and support the response of local companies.

Africa

54. African leaders are courageously breaking the silence surrounding the epidemic, publicly and repeatedly declaring AIDS a national emergency and establishing the institutions and mechanisms needed to respond swiftly to the spread of HIV.

55. While the epidemic in Africa continues to spread, there is well documented evidence of successes in the response to HIV/AIDS, particularly among young people. The epidemiological information coming from Zambia, Uganda and the United Republic of Tanzania is evidence of a new generation responding to the threat of HIV/AIDS by changing their behaviour in ways that appear to be protecting them from HIV. Infection rates among young women in Lusaka have been halved since 1993 through prevention efforts, which have also resulted in less premarital sex, increased male sexual abstinence and less frequent casual sex. In some parts of Uganda, the first African country to reverse its own epidemic, infection rates among teenage girls dropped dramatically during the 1990s, as did teen pregnancies. Successes have also been recorded in the Mbeya region of the United Republic of Tanzania, where prevention efforts have reduced HIV infection rates among pregnant women attending clinics by 25 per cent.

56. Partnerships are being established at several levels. The International Partnership Against AIDS in Africa (IPAA) is a coalition of United Nations agencies, donors and the private and community sectors, under the leadership of African countries, which is designed to intensify the response to AIDS across Africa. A number of partnerships are being established at national level, including a partnership forum in Tanzania and a local-level care and support initiative in South Africa's Gauteng province.

57. Strong national strategic responses are being forged through single, powerful national AIDS plans involving a wide range of actors — government, civil society, people infected with and affected by HIV, the private sector and donors. More than 30 countries in sub-Saharan Africa have completed strategic planning processes which have helped build consensus and mobilize resources, at times leading to successful round-table discussions with all interested parties and to significant funding commitments, as was the case in Malawi and Zambia in 2000. In many countries, high-level councils and national AIDS commissions have been created under the responsibility of the head of State to provide leadership for a true multisectoral response. Nevertheless, with some important exceptions, there has been insufficient engagement from social and economic sectors outside the health sector, which remains a key challenge for national responses.

58. Africa has demonstrated to the world the importance of local responses to HIV/AIDS, which aim to empower communities through local partnerships consisting of social groups, service providers and facilitators. Initiatives are being implemented in Burkina Faso, Ghana, the United Republic of Tanzania and Zimbabwe, for example, with increasing involvement in the response of local leaders, such as mayors or traditional leaders.

59. Beyond Governments and development institutions, civil society — made up of NGOs, religious groups and the private sector — is intensifying its involvement in the response against HIV/AIDS. An increasing number of communities are mobilizing to face the multiple challenges of prevention and care, including denial, silence and the predominantly negative attitudes adopted towards people living with HIV/AIDS.

60. There is increasing evidence that businesses are recognizing the impact of HIV on the human, financial and social costs of their operations and host communities. They have responded in many different ways, from action to protect workforces to community outreach and philanthropy. In Zimbabwe, a workplace-based peer education programme in 20 companies resulted in 30 per cent fewer HIV infections than in 20 companies without a similar programme. In Côte d'Ivoire, the national electrical company has implemented prevention methods, improved medical monitoring of employees and increased participation by companies in employee health insurance schemes. Companies have also begun to collaborate through business coalitions on HIV/AIDS at the national level.

61. Children are especially vulnerable to the epidemic, and examples abound of responses to mobilize political will, reallocate national resources, bolster the capacity of families and communities to care for and support orphans, stimulate and strengthen community-based responses and ensure that Governments protect the most vulnerable children.

62. The vast majority of children living with HIV or who have already died of AIDS in Africa were born to HIV-infected mothers. The most vulnerable of populations, these children acquired the virus in the womb at about the time of childbirth or during breastfeeding. Making HIV counselling and testing services widely available so that infected women can decide whether to take preventive drugs during pregnancy is a measure that could save the lives of hundreds of thousands of children. This technology, which has been demonstrated in pilot settings, has enormous potential to affect the epidemic. The challenge is to apply the technology on a large scale. The Uganda AIDS Information Centre, which has provided voluntary counselling and testing (VCT) to over 350,000 clients since 1990, is beginning to introduce same-day VCT services; previously, clients had to wait two weeks to receive their HIV test results, and 25-30 per cent did not return to get them.

63. The provision of HIV care is a major challenge for many African countries, where health services face dwindling resources and are already hard pressed to cope with a host of older diseases. The need to invest in prevention and essential services has, in the past, taken precedence. However, building on the strengths of local communities, grass-roots home-based care services have played a critical role in providing basic care for people living with HIV/AIDS. The feasibility of incorporating care into broader HIV public health programmes has been increasingly accepted, and many more African countries are developing national strategic plans, which include a strong care component, helped by wider discussions on options to improve the affordability of HIV-related commodities and treatments.

64. An enormous resource gap continues to exist, however, even though resources are being mobilized by African Governments and international donors. In South Africa, the nation's regular budget includes substantial allocations for AIDS prevention and care programmes. In Zimbabwe, the Government mobilized additional funds for AIDS by instituting an AIDS levy among the general population.

65. Additional — albeit insufficient — funds are also forthcoming through debt relief, and AIDS now figures prominently in funding activities for Africa. Through the heavily indebted poor countries initiative, some US$ 30 billion in debt reduction had been achieved by the end of 2000, with specific funding set aside for AIDS representing US$ 20 million in 2001. The World Bank is reviewing its portfolio in countries to retrofit unused funds into the fight against AIDS, and has created a multi-country AIDS project to make more funds available to the HIV/AIDS response. AIDS is a priority among United Nations agencies and major multilateral and bilateral partners in sub-Saharan

Africa, many of whom are mainstreaming AIDS into all their sectoral interventions.

66. Funds are also made available through round-table mechanisms, which bring together all interested parties at the country level to mobilize funds for implementation of the strategic plan. Some US$ 121 million in Malawi was recently made available in this way, with support from the United Nations system and international donors, and an additional US$ 113 million in Zambia.

Asia and the Pacific

67. Success is also evident in Asia, and includes Thailand's community-based care models and its successful 100 per cent condom programme model, now being tested in Cambodia; peer outreach projects with sex workers in Calcutta, Kerala and Dhaka; projects with injecting drug users in Nepal, India and Malaysia; and the enactment of supportive national AIDS legislation in the Philippines. While diversity and Asia's huge population exacerbate the difficulties of mounting timely and effective responses, opportunities abound in a region where overall HIV prevalence is still low but where the incidence of new infections is rising. The opportunity cost of failing to act vigorously and urgently could be enormous.

68. In South Asia, the problem of underdevelopment inevitably constrains the response to HIV/AIDS. The growing gap between rich and poor, the huge numbers of rural poor, and the systematic underfunding of health and other social sector spending provide a challenging backdrop for the response to HIV/AIDS.

69. Despite Asia's diversity, the region faces some common challenges. One challenge is to act "upstream" to prevent or minimize new infections rather than reacting "downstream" to the impact of AIDS. This means vigorous prevention activity among those most at risk — the millions of migrant workers and the many thousands of refugees. It means addressing large-scale sex-related activities, including the trafficking of girls and women. It also means tackling human development issues of particular significance to Asia, such as gender inequalities. It also requires dealing with taboo and ensuring widespread information and services are available to all, especially young people.

70. Another challenge lies in confronting the pervasive exclusion and stigmatization that afflict people living with HIV, especially in low-prevalence situations, an issue highlighted at the last regional conference on AIDS in Asia and the Pacific, held in Kuala Lumpur in October 1999. A further challenge is to adapt and apply lessons learned from successful or effective pilot projects and to step up the response. This is now being attempted among sex workers and drug users through the Kathmandu Valley Initiative in Nepal and in Tamil Nadu in India, where the AIDS prevention and control project to promote safer sex behaviours among vulnerable groups is being expanded.

71. Recent positive developments in facing up to these challenges include increased political activity. The Asian Forum of Parliamentarians on Population and Development brought together political leaders from 11 South-East and East Asian and Pacific countries last year, enhancing their personal commitment to HIV/AIDS prevention and care programmes. Member States of the Association of Southeast Asian Nations (ASEAN) have included AIDS on the agenda of their November 2001 summit in Brunei.

72. There is also growing recognition of the need for a broad-based response involving different sectors and for innovative partnerships, especially between the public and private sectors. For example, the involvement of Rotary and Lions Clubs and of business coalitions in the response to AIDS in Thailand is being reflected in similar partnerships in India, the Philippines and Bangladesh. Uniformed and armed forces are increasingly involved in prevention programmes, notably in Cambodia and India, as well as in Viet Nam, the Lao People's Democratic Republic and China. Religious leaders and groups have become more prominent in the AIDS response.

Eastern Europe and Central Asia

73. Despite an explosive spread of HIV in several countries in the region, the epidemic is still in its early stages and confined mainly to injecting drug users and their partners. High levels of injecting drug use and sexually transmitted infections, coupled with socio-economic turmoil and a rapid rise in sexually transmitted infections after the breakdown of the Soviet Union, could lead in a few years to larger scale and more generalized epidemics. A unique opportunity still exists for effective targeted interventions, particularly among injecting drug users.

74. However, recent political and legal reforms in some countries are opening more effective avenues to HIV prevention. Ukraine and Belarus, for example, now have multisectoral committees at the highest political levels, and have removed legal barriers to needle exchange programmes, substitution treatment and other approaches to HIV prevention among injecting drug users.

75. Further evidence of a mobilizing response comes from national strategic plans that are in various stages of development in 13 countries. Joint action to support and strengthen national responses to HIV/AIDS now focuses on three regional strategic priorities: expanded coverage of HIV prevention, targeting injecting drug users; prevention and control of sexually transmitted infections; and meeting the needs of vulnerable young people. Mechanisms have also been established to improve coordination between regional support and national responses.

76. A range of initiatives supports the response to HIV/AIDS in the Russian Federation, including projects on HIV prevention among injecting drug users, strategic planning processes in 17 regions, and a joint response initiative launched recently by the United Nations theme groups on HIV/AIDS. However, there is still an urgent need to step up advocacy, social mobilization and effective use of existing resources, and to dismantle barriers, such as lack of political commitment and supportive legislative environments and lack of financial resources. Substantial support from the international community is imperative if the critical transition from short-term project activities to long-term sustainable and expanded national programmes is to be made.

77. A number of regional initiatives also help support the response to HIV/AIDS. The Baltic Sea initiative marks the start of a wide process of consultation on strategic priorities, including a Baltic Sea action plan on HIV/AIDS. In parallel, several Governments in the region and Western Europe have established a task force on communicable diseases in the Baltic Sea region to recommend joint actions. An initiative in Central Asia is seeking to reinforce collaboration among countries and agencies to develop a joint strategic framework and action plan.

78. Notwithstanding a growing number of local and national initiatives, the response remains uneven and insufficient. The development of effective, sustainable national responses has been constrained by insufficient high-level political leadership, a climate of economic hardship, stigmas concerning sexual behaviour and injecting drug use, and legal barriers.

Latin America and the Caribbean

79. Prevention efforts in parts of Latin America have met with considerable success: mortality and AIDS incidence are falling, while care is increasingly widespread throughout the region. For example, according to a 1999 survey in Brazil, prevention campaigns have increased condom use during first sexual contact from 4 per cent 15 years ago to 48 per cent today — and up to 70 per cent among certain groups, such as students from more privileged socio-economic backgrounds. Targeting prevention programmes towards men who have sex with men continues to be a major challenge, however.

80. While in some countries treatment of basic health needs, such as opportunistic infections, is problematic, other countries have responded to demands from groups of patients, doctors and human rights organizations to provide access to antiretroviral drugs. With a rights-based approach to care, together with local production of generic antiretrovirals in some countries, coverage of patients is increasing in Brazil, Argentina, Chile and Uruguay, where HIV-positive people are living longer, healthier lives. Since the introduction of antiretrovirals, reported AIDS deaths in Brazil have dropped more than 25 per cent.

81. Providing AIDS drugs has also been at the centre of rapidly emerging South-South cooperation, a strategy anchored in the understanding that partners sharing knowledge become more powerful and effective. At present, 19 Latin American and Caribbean countries are involved in the Horizontal Technical Cooperation Group on AIDS, a key instrument in fighting the spread of AIDS. Brazil has also championed technical exchange with other countries in the region, as well as with lusophone Africa, integrating the benefits of South-South cooperation into its response.

82. The Forum 2000 conference on AIDS held in Rio de Janeiro in November 2000 demonstrated the extent of regional cooperation and the strong role of non-governmental organizations in the response of the region, as well as a continuing need to expand programmes targeting men who have sex with men.

While homosexual transmission constitutes 40 per cent of transmission in Latin America, less than 1 per cent of AIDS programme budgets goes to prevention for men who have sex with men, with the exception of Brazil, which devotes significant resources to this area.

83. In the Southern Cone of Latin America, an important aspect of the epidemic is HIV transmission through injecting drug use. A subregional initiative to address this issue and to intensify the policy dialogue is currently under way.

84. In the Caribbean, ministries of health have long been aware of the escalating epidemic and its implications for the region, but a series of high-level meetings during 2000 ushered in a new level of public awareness and visibility for AIDS. HIV/AIDS has emerged as an urgent development priority, and a regional strategic plan of action was developed by the Caribbean Task Force on HIV/AIDS, chaired by the Caribbean Community (CARICOM), which brings together a wide range of members from national Governments, international and regional institutions, NGOs and donors. The newly established Pan-Caribbean Partnership illustrates the increasing commitment of Caribbean Governments to address HIV/AIDS, and has led to new resource commitments by the World Bank and the European Commission.

85. In Central America, vulnerable mobile populations are the main focus for regional action programmes being developed with the support of the National Institute of Public Health in Mexico, with Proyecto Acción SIDA de Centroamerica and with the Regional Initiative for HIV/AIDS and other projects for the prevention and control of sexually transmitted diseases in Latin America and the Caribbean. National strategic AIDS plans are under implementation in all Central American countries. Central America is also emerging as a region where the epidemic is increasing its pace and where greater attention needs to be placed on directing responses to priority areas, such as the epidemic among men who have sex with men.

High-income countries

86. In high-income countries, HIV infections are concentrated principally among injecting drug users and men who have sex with men, although transmission through heterosexual sex is on the rise. Prevalence in the total population remains low. While some communities and countries have acted aggressively to limit HIV infection among injecting drug users, other countries have not. Needle exchange and other prevention programmes have been effective where implemented, but often the political costs of these programmes have been considered too high for implementation on a large scale. Among men who have sex with men, prevention programmes are more widely accepted and implemented, and as a result risk behaviour and the resulting HIV infection rate has dropped significantly since the mid-1980s. However, there is some recent evidence that risk behaviours may again be on the rise in some communities. There is a strong need for continued support for increased preventive efforts among men who have sex with men.

V. Key lessons learned and elements of a successful response

87. Twenty years of fighting the AIDS epidemic have resulted in a growing understanding of what constitutes effective action. Truly effective action is underpinned by the principles set and the lessons learned from the current global and national-level responses.

88. Fundamental principles guiding a successful response to HIV/AIDS are:

- That gender inequalities fuelling the epidemic must be explicitly addressed;
- That prevention methods, life-saving treatments and the results of scientific breakthroughs in prevention and care must be made broadly available on an equitable and affordable basis to all;
- That people living with and affected by HIV/AIDS must be actively engaged and supported in their efforts to address the epidemic in communities around the world;
- That national Governments, working with civil society, must provide the leadership and means required to ensure that national and international efforts respond to country and community needs.

Successful responses are linked to a respect for human rights

89. A number of human rights concerns exist and must be addressed in order to combat stigma and eliminate discrimination based on HIV status. In

addition to discrimination against people infected with HIV, other important issues include the right to health care, the right to information and other social and economic rights contained in United Nations human rights conventions and the Universal Declaration of Human Rights. The international guidelines on HIV/AIDS and human rights are key to a response based on human rights, and Governments should continue their efforts to implement them.

Success has been demonstrated in addressing the epidemic

90. Collective experience with HIV/AIDS has evolved to the point where it is now possible to state with confidence that it is technically, politically and financially feasible to contain HIV/AIDS and dramatically reduce its spread and impact. The first two decades of the epidemic have generated unprecedented learning and mobilization throughout the world. HIV, the virus that causes AIDS, has been definitively established and sufficient knowledge is available about its modes of transmission to substantially slow its spread.

91. The most important lesson learned from countries that have successfully responded to the epidemic has been the critical role of government and civil society leadership in increasing the visibility of the epidemic while decreasing the stigma associated with it. In an increasing number of countries, partnerships between Governments and civil society have begun to bring together Governments, the international community and interested activists: people living with HIV/AIDS, NGOs, community-based organizations, religious and academic institutions and the private sector.

A greater epidemic can be prevented

92. Vigorous measures taken now to reduce the rate of HIV infections will pay substantial dividends in years to come in countries with high or low prevalence. Large-scale prevention programmes in virtually all settings have clearly demonstrated that the spread of HIV can be reduced, especially among young people. Prevention programmes have also been successful among hard-to-reach populations, particularly in harm reduction among injecting drug users. In Asia, Australia, Europe, Latin America and the Caribbean, North America and sub-Saharan Africa, there is strong evidence of the decline of HIV incidence in populations with access to effective prevention programmes.

Capacity and commitment to act have increased

93. There has been tangible progress in assembling the essential political, policy and technical experience required to mount a global response equal to the scale of the epidemic. Responses with strong political support across all planning and social sectors are increasing. Financial resources are now being made available at increased rates within affected countries, from bilateral and multilateral development agencies and the commercial and foundation sectors and through debt-relief efforts. In addition, new communications capabilities, such as the Internet, are enabling partners to interact and access information at a pace unimagined even a decade ago.

National plans involving multiple actors have been developed

94. The basic lesson learned for any national AIDS plan is that interventions to reduce HIV risk and change behaviour are effective when a range of government ministries and partners in the social, economic and health sectors are involved in providing an enabling environment for large-scale prevention, care and support programmes. Single, isolated activities do not yield sustained results. Effective programmes require focused action and steadily expanding coverage. The importance of involving the target population as well as people living with HIV/AIDS in the design and implementation of interventions cannot be stressed enough.

Prevention works

95. Intensive information and education programmes are essential to reduce the risk of sexual transmission in the general population and to help promote safer sexual behaviour, for example through abstinence, fidelity and condom use. The social marketing of both male and female condoms increases their accessibility, although condoms will need to become available on a much larger scale in many countries. Comprehensive (and targeted) interventions should respond specifically to the needs of young people before they become sexually active.

96. One particularly effective intervention is the prevention of mother-to-child transmission. A short

one-month course of antiretroviral treatment given to HIV-infected mothers late in pregnancy can cut the rate of transmission to children by 20-50 per cent. Pilot projects target limited numbers of women and their unborn infants but have a huge potential for expansion. Voluntary HIV counselling and testing, at present available only to a tiny proportion of sub-Saharan African men and women, serves as a critical entry point for HIV care and prevention, with huge potential for accelerating the response.

A comprehensive approach to HIV/AIDS care and treatment is essential

97. The care and treatment of people living with HIV/AIDS represents one of the greatest challenges in the years to come. To meet it, a comprehensive approach to care must be adopted. This includes more effective support to home- and community-based care, as well as equitable access to medical treatment, including drugs for opportunistic infections and antiretroviral therapy.

98. In industrialized countries, advances in the management of opportunistic infections and the development of antiretroviral "combination" therapy for HIV infection itself have transformed the lives of people with HIV/AIDS. Increasingly, HIV/AIDS is being managed as a chronic condition, and new treatments have helped to improve people's health and enables them to continue normal lives within their communities. However, combination therapy is not a cure for HIV/AIDS and its long-term effects are not clear. Further research into new drugs and therapeutic approaches remains critical.

99. While medical care in high-income countries is significantly extending the lives of people living with HIV, the challenge now is to improve access to care in developing countries, where 95 per cent of the world's 36.1 million HIV-infected people live. Some countries, such as Brazil, have developed effective programmes that implement a comprehensive approach to care, ranging from voluntary counselling and testing, psycho-social support and good nutrition to the strengthening of health systems to ensure access to the prevention and treatment of opportunistic infections, such as tuberculosis and antiretroviral therapy. Although these programmes are not yet available to all that need them, they provide an important model for expansion. With international support, more developing countries are developing strategic plans that place access to care at the heart of their national responses to HIV/AIDS. Experience with home-based and community care is now rapidly developing as an essential component of HIV care and treatment, particularly in Africa.

100. As well as the need to strengthen health-care systems, we must address the affordability of medicines for opportunistic infections and antiretroviral therapy, which remains one of the greatest barriers to improving access to care. Some progress towards reducing the price of medicines has been made through partnership with several research and development-based pharmaceutical companies and through the increasing availability of generic versions of antiretroviral drugs. Despite these efforts, much more needs to be done if access to care and treatment is not to remain out of reach for the majority of people living with HIV and AIDS.

101. All the options for improving access to care at the global, regional and national levels need to be explored, taking into account the close relationships between pricing, financing, trade policy and health-care systems. At the country level, strategic plans for care need to be developed that address health and social systems, equity issues and the use to which public subsidies will be put. We need to find ways of more effectively using trade policy provisions, such as compulsory licensing or parallel importation, to increase access to care. The availability of low-cost generic drugs needs to be expanded, in accordance with national laws and international trade agreements and with guarantees of their quality. Other approaches, including tiered pricing, improved global and regional procurement policies and new funding mechanisms, also need to be explored.

Successful responses have their roots in communities

102. Effective community-centred efforts have generally been both empowering, strengthening a community's capacity to make decisions, and enabling, assisting them in mobilizing the resources required to act on those decisions. Community leaders who are properly informed are better able to assess the reality of HIV/AIDS within their particular community and to analyse the determining factors of risk and vulnerability affecting them. On this basis, local actors can better address those determining factors and their

consequences and determine their priorities for action accordingly.

103. Successful strategies addressing HIV/AIDS at the community level require the development of partnerships to mobilize local responses and access national resources. These partnerships, comprised of key social groups, government service providers, NGOs, people living with HIV/AIDS, community-based groups and religious organizations, serve to strengthen the awareness and capacity of the various stakeholders. HIV-positive women's collectives in many parts of the world have demonstrated effective community counselling and prevention interventions.

Empowering young people is essential

104. An effective response involves a special focus on the needs of young people. Sexually active adolescents will require special family planning information counselling and health services, as well as treatment for sexually transmitted diseases and HIV/AIDS prevention. Governments, at the highest political levels, should take urgent action to provide education and services to prevent the transmission of all forms of sexually transmitted diseases and HIV. Governments should enact legislation and adopt measures to ensure non-discrimination against people living with HIV/AIDS and vulnerable populations, including women and young people, so that they are not denied the information needed to prevent further transmission and are able to access treatment and care services without fear of stigmatization, discrimination or violence.

People living with HIV/AIDS are central to the response

105. A renewed effort to combat stigma is needed. Effectively addressing stigma removes what still stands as a roadblock to concerted action, whether at the local, community, national or global level. Combating stigma is a human rights imperative on its own, as well as of instrumental value in fighting denial and shame, major obstacles in opening dialogue about HIV/AIDS. One of the best ways of combating denial is to give AIDS a "human face" through what is called the greater involvement of people living with HIV/AIDS, a principle formally launched at the Paris AIDS Summit on 1 December 1994. People who live with or are directly affected by HIV/AIDS bring personal experience to planning and carrying out a response to the epidemic, challenging complacency and denial, strengthening the call for urgency in the response, and moving Governments and their leaders to action.

Epidemic must be tackled on several fronts

106. Although the complexity of the epidemic has far exceeded all expectations, we have come to recognize that there is a relationship between the basic dynamics of the epidemic and that an effective response needs to tackle three things. HIV infection is associated with specific **risks**, made up of behaviours and situations that might promote the transmission of HIV, with **vulnerability**, those factors that make it more likely that some individuals become infected rather than others, such as migrant populations or poor women, and with **impact**, the consequences of the epidemic for individuals and communities.

107. Experience has demonstrated that it is not possible to sustain a long-term and effective response to the epidemic unless each of these strands — risk, vulnerability and impact — are addressed. It is through respecting the relationship between these three dynamics — which are different for men and women — that a truly effective response can be engineered. In particular:

- Decreasing the risk of infection slows the epidemic;
- Decreasing vulnerability decreases the risk of infection and the impact of the epidemic;
- Decreasing the impact of the epidemic decreases vulnerability to HIV/AIDS.

Effective response varies in different settings

108. Different settings require a different focus and a different balance between these three elements. National strategic planning processes have stimulated central and local governments, NGOs, communities and international partners in many countries to define strategies that are tailored to the different contexts within which HIV/AIDS evolves. Regional and subregional strategies have complemented and added value to national responses. Settings with low prevalence but increasing incidence and those with high prevalence of HIV both require urgent priority. Strategy development within each setting will need to reflect its particular opportunities and constraints.

VI. Challenges for an expanded response: the way forward

109. Action by Governments should focus on the following seven critical challenges for the present response:

- The challenge of effective leadership and coordination;
- The challenge of alleviating the social and economic impact of the epidemic;
- The challenge of reducing the vulnerability of particular social groups to HIV infection;
- The challenge of achieving agreed targets for the prevention of HIV infection;
- The challenge of ensuring that care and support is available to people infected and affected by HIV/AIDS;
- The challenge of developing relevant and effective international public goods;
- The challenge to mobilize the necessary level of financial resources.

110. In responding to the HIV/AIDS epidemic, the special session of the General Assembly on HIV/AIDS provides a unique opportunity to set out a global agenda and create consensus around a set of core commitments. These are described in greater detail in a conference room paper that will be issued to complement the present report.

Leadership and coordination

111. The AIDS epidemic has been described as a crisis of governance and a crisis of leadership. Leadership is fundamental to an effective response. One of the key issues facing the global community is the development and sustenance of such dedicated leadership, which is vital if the nature of the epidemic is to be clearly understood throughout society and a national response mobilized. Such an understanding is essential in order to avoid stigma, secure the full commitment, involvement and accountability of all sectors, and avoid fragmentation of efforts.

112. Only through a society-wide commitment, within a framework established by strong political leadership that involves community-led interventions as well as civil society and effective partnerships with the private sector, can a response emerge that is consistent with the scale of the epidemic.

Alleviating the social and economic impact

113. The broad spread of the impact underlines the need for a broad multisectoral response that addresses both institutional capacity and human resources. In many countries, the epidemic has substantially undermined the capacity of the key social and economic sectors in society. The negative impact of HIV/AIDS is evident in the labour force, the education sector, the health sector and agriculture, to name but a few. Economic performance in all its dimensions is affected. Each sector needs support in order to become a stronger partner in the coordinated response to the epidemic. Assistance for poverty alleviation, infrastructure development, and education- and health-sector development needs to take into account the sectoral impact of the epidemic.

Reducing vulnerability

114. Responding to the epidemic therefore requires effective measures to support risk reduction and reduce social and economic vulnerability. Social, economic and political intervention strategies that systematically promote social inclusion and greater participation, by extending access to information and essential services and supportive legal and social norms, can serve to reduce vulnerability and help overcome the impact of the epidemic.

Prevention

115. An expanded prevention effort is vital to containing the spread of the epidemic and to restraining the costs of responding to it.

116. A focus on prevention is essential to significantly reduce the spread of the epidemic and the current impact. A focus on youth is needed to reduce impact in the future. Over 30 per cent of people currently living with HIV/AIDS are young people aged under 25. Targets for prevention encompass preventive methods, such as expansion of health and sex education, increased supply of female and male condoms and other commodities, expanded provisions for preventing mother-to-child transmission, measures aimed at prevention among injecting drug users, and greater access to voluntary counselling and testing.

Care and support

117. Preventing HIV infection is inseparable from care and support for those affected by HIV/AIDS. Prevention of infection and amelioration of the impact of the epidemic go hand in hand.

118. Governments must commit themselves to ensuring health care and support to those infected and affected by HIV/AIDS. The challenge is to provide a broad approach which includes adequate care for individuals, households and communities affected by HIV/AIDS; ensuring access to voluntary counselling and testing and the continuum of affordable clinical and home-based care and treatment; essential legal, education and social services; psycho-social support and counselling; and care for children orphaned by HIV/AIDS. The capacity of health systems and social services to deliver the required interventions must be ensured.

119. Through advances in the management of opportunistic infections and the development of effective antiretroviral therapies, the treatment of HIV has reduced its social and economic impact. Access to these treatments is uneven, however, and people in developing countries are dying needlessly for lack of appropriate care. Continuing inequities in access to effective care and treatment must be specifically addressed through all possible means, including tiered pricing, competition between suppliers, regional procurement, licensing agreements and the effective use of the health safeguards in trade agreements.

International public goods

120. A focus of international research and development should be to produce microbicides and vaccines for HIV/AIDS. Either by using current knowledge more effectively or focusing on key unresolved problems, global and national players should act in partnership to ensure that priority is given to researching and developing new HIV medicines and to making them accessible and affordable. Efforts should also be made to develop and market female-controlled contraceptives.

Resources

121. The primary challenge for Governments is to mobilize resources to meet the scale and devastating impact of the HIV/AIDS epidemic. Greatly increased resources are needed to expand the national capacity to respond to the epidemic; to support essential infrastructure and training; to mitigate the social and economic impacts; to expand successful prevention interventions; and to implement a broad care agenda, including access to drugs. One important way of ensuring that national budgets are reallocated towards HIV prevention is to make sure that HIV/AIDS priorities are properly integrated into the mainstream of development planning, including poverty reduction strategies, public investment plans and annual budget processes. Increased investment from donors, domestic budgets and private companies and foundations will need to be added to additional funds released through debt relief to meet global resource needs.

122. Thus, meeting the challenges of HIV/AIDS requires a combination of approaches: strengthening leadership, alleviating the social and economic impacts of the epidemic, reducing vulnerability, intensifying prevention, increasing care and support, providing international public goods and scaling up resources.

123. HIV/AIDS is the most formidable development challenge of our time. The General Assembly, in calling for a special session on HIV/AIDS, has recognized this, and at the special session will aim to secure a global commitment for intensified and coordinated action at the global and national levels.

Annex I

Goals set by global conferences and their follow-up processes

Twenty-first special session of the General Assembly, on the overall review and appraisal of the Programme of Action of the International Conference on Population and Development, New York, 30 June-2 July 1999

A new benchmark indicator to measure the reduction of HIV infection levels in young people was agreed at the special session, as follows:

> "Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods, such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent." (General Assembly resolution S-21/2, annex, para. 70).

International Labour Conference, Geneva, 30 May-15 June 2000

The Conference called on Governments to raise national awareness particularly of the world of work, with a view to eliminating stigma and discrimination attached to HIV/AIDS, as well as to fight the culture of denial, thereby preventing the spread of HIV/AIDS, and to formulate and implement social and labour policies and programmes that might mitigate the effects of AIDS.

Twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century", New York, 5-9 June 2000

At its twenty-third special session, the General Assembly identified HIV/AIDS as a priority concern from the health and gender equality perspectives.

In the further actions and initiatives to implement the Beijing Declaration and Platform for Action (resolution S/23-3, annex), the General Assembly placed a strong emphasis on the gender aspects of HIV/AIDS and STIs and other health problems. Noting their disproportionate impact on women's and girls' health, it called for action at the national and international levels to encourage, through the media and other means, a high awareness of the harmful effects of certain traditional or customary practices affecting the health of women, some of which increase their vulnerability to HIV/AIDS and other sexually transmitted infections, and intensify efforts to eliminate such practices (see resolution S-23/3, annex, para. 98 (d)). It also called for the intensification of community-based strategies to protect women of all ages from HIV and other sexually transmitted diseases and to provide gender-sensitive care and support to infected girls, women and their families (see resolution S-23/3, annex, para. 103 (b) and (c)).

With respect to AIDS orphans, the General Assembly called for action to assist boys and girls orphaned as a result of the HIV/AIDS pandemic (see resolution S-23/3, annex, para. 103 (c)).

Twenty-fourth special session of the General Assembly, entitled "World Summit for Social Development and beyond: achieving social development for all in a globalizing world", Geneva, 26-30 June 2000

Governments were urged to make greater commitments to act on social and economic factors that bear on vulnerability to HIV infection. In addition to the improvement of health-care services and personnel capacities, the provision of basic welfare and psychosocial support to those affected by HIV/AIDS and intensified education programmes, particularly for

young people, were highlighted as key elements for national response. In the Copenhagen Declaration, adopted by the Summit in 1995, the international community committed itself to strengthening national efforts to address more effectively the growing HIV/AIDS pandemic by providing necessary education and prevention services, working to ensure that appropriate care and support services are available and accessible to those affected by HIV/AIDS, and taking all necessary steps to eliminate every form of discrimination against and isolation of those living with HIV/AIDS,[a] a commitment that remains valid.

Millennium Summit of the United Nations, on the theme "The role of the United Nations in the twenty-first century", New York, 6-8 September 2000

In paragraph 19 of the Millennium Declaration (resolution 55/2), the General Assembly stated the commitment of the international community to have by 2015 halted and begun to reverse the spread of HIV/AIDS, the scourge of malaria and other major diseases that afflict humanity, and to provide special assistance to children orphaned by HIV/AIDS. In paragraph 28 of the Declaration, the Assembly resolved to help Africa build up its capacity to tackle the spread of the HIV/AIDS pandemic and other infectious diseases.

Notes

[a] See *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annex I, commitment 6 (q).

Annex II

United Nations system response

1. The purpose of the present annex is to give a brief summary of responses on HIV/AIDS under way or anticipated by United Nations system organizations and agencies.

United Nations Children's Fund

2. UNICEF has set the following programme priorities:

(a) To ensure that all young people know the facts about HIV and how to prevent it. This includes programmes for injecting-drug users, on the control of sexually transmitted infections (STIs) and youth life skills, and on lifestyle promotion;

(b) To support efforts to expand access to services to prevent parent-to-child transmission of HIV, which includes clearer guidance on the use of antiretroviral therapy and infant feeding in the context of prevention of mother-to-child transmission (PMTCT) projects, access to voluntary counselling and testing, and the reduction of stigma and discrimination for women living with HIV;

(c) To provide care and support by strengthening programming for orphans and vulnerable children infected/affected by AIDS and by expanding life skills training for young people. In this context, UNICEF is positioning schools as the hub in every community in the struggle against AIDS. It is working with ministries of education to dedicate time and attention to the introduction of life skills into the curricula and learning of young children. It is also negotiating with the private sector for low-cost supply of essential HIV/AIDS-related drugs;

(d) To protect young people and women from HIV in situations of conflict and emergency;

(e) To support UNICEF staff members affected by HIV/AIDS, which includes a core set of services for UNICEF staff and dependants.

UNICEF has integrated the above-mentioned priorities in all its programming at the country level and globally. It is in the process of stepping up its response in the key areas of prevention of mother-to-child transmission and care and support for children infected/affected by HIV. It is also paying particular attention to the new flashpoints for the pandemic: the Commonwealth of Independent States/Baltic countries, South Asia and the Caribbean, besides its ongoing work in Africa and South-East Asia.

United Nations Development Programme

3. HIV/AIDS is one of UNDP's main corporate priorities. The role of UNDP is to help countries address the governance challenge of the epidemic, focusing on four areas of intervention:

(a) Promoting robust and action-oriented advocacy for leadership at all levels, political commitment and the mobilization of actors and institutions well beyond the health sectors;

(b) Helping countries to develop capacity for action and to plan, manage and implement their response to the epidemic, including the integration of HIV/AIDS into poverty reductions strategies, and the reallocation of resources (including debt relief savings) towards prevention, care and impact mitigation;

(c) Promoting a human rights framework and gender perspective in all aspects of the response;

(d) Providing special assistance to the worst affected countries to help mitigate the impact on human development, establish governance structures and provide essential services. As coordinator of United Nations system activities at the country level, UNDP also plays a pivotal role in ensuring a coherent and mutually reinforcing response by UNAIDS co-sponsors, bilateral donors and private foundations, through the United Nations theme groups on HIV/AIDS and the United Nations Development Assistance Framework (UNDAF).

United Nations Population Fund

4. The UNFPA contribution to combating HIV/AIDS derives from its long experience and expertise in negotiating and ensuring access to family planning services globally, a precedent in enabling UNFPA to address sensitive issues with national counterparts, including Governments. Since the International Conference on Population and Development (ICPD), held in Cairo in 1994, by

ensuring access to reproductive health services and programming for female and male condoms, working through its extensive network of field offices and technical experts in the country support team, UNFPA has been at the forefront of prevention activity and programming.

5. Within the UNFPA policy framework, prevention of STIs, including HIV, continues to be an integral component of reproductive health. At the country level, UNFPA works closely with United Nations partners, international agencies and national counterparts to provide assistance for STI and HIV/AIDS prevention. Such support includes advocacy, education and information for the promotion of safe sexual behaviour, including voluntary counselling and testing; improving access to and use of condoms; training of reproductive health-care providers on HIV prevention in relation to family planning, antenatal and safe delivery practices; and research on the integration of HIV prevention into reproductive health programmes and sociodemographic consequences of the epidemic. Meeting the needs of youth and adolescents forms a special focus of UNFPA support at all programming levels — national, regional and global. Adolescents need the knowledge and life skills to make responsible decisions and positive choices in life. UNFPA is contributing towards this through support in many countries for the development of educational curricula, by including information on reproductive health in general and HIV/AIDS in particular, gender issues, sexuality and family life; improving access to information, counselling and clinical services; promoting greater participation of youth and advocacy efforts, both for girls and boys — based on the key messages of ICPD and its five-year review.

United Nations Educational, Scientific and Cultural Organization

6. UNESCO efforts focus on education, basic research, social and human sciences, human rights, public information and awareness activities. Its priorities are to develop and improve educational strategies to support young people in adopting attitudes and behaviour to prevent HIV infection, particularly among schoolgirls; undertake studies on the impact of AIDS on education and programmes for orphans and children living in poverty; mobilize decision makers on educational policies; undertake primary prevention of drug use among young people; strengthen actions so that HIV-affected groups can benefit from research efforts and means of prevention; promote the transfer of knowledge/scientific research for affordable treatment; develop a sociocultural approach to HIV/AIDS prevention and care, and integrate new preventive behaviours in the messages and training of sociocultural educators and journalists.

United Nations Drug Control Programme

7. UNDCP objectives related to HIV/AIDS are to prevent the spread of the epidemic linked to the abuse of drugs; undertake community outreach projects; develop legislation; and integrate demand reduction efforts into broader social welfare and health promotion policies. UNDCP has supported the development of projects in five Central Asian countries to strengthen their capacity in policy formulation, planning and management of HIV/AIDS and sexually transmitted diseases (STDs) and drug abuse prevention; a subregional project in the southern cone of Latin America promotes common methods and standards to conduct epidemiological surveillance. UNDCP is participating in the regional response to the problems created by the spread of the abuse of amphetamine-type stimulants and HIV/AIDS in Central and Eastern Europe, and in collaboration with other United Nations agencies has developed country projects to assist Governments in coordinating and managing HIV/AIDS, STDs and drug abuse prevention and care activities. In East Asia, the development and implementation of policies and programmes for a community-based response to support demand reduction and prevent the spread of HIV through drug injection is also a priority.

World Health Organization

8. WHO is intensifying its support for Member States' efforts and is doing so within the context of the wider multisectoral response to HIV, reflecting the overarching importance of good sexual and reproductive health. The priorities for intensified action now include support for countries' efforts to prevent and manage sexually transmitted infections; provide voluntary counselling and testing through health services; implement and monitor interventions to prevent mother-to-child transmission of HIV; ensure care and support for people living with HIV/AIDS; and implement other cost-effective interventions, as relevant to specific settings. Particular attention is paid

to the interests of populations who are at high risk or are especially vulnerable, including sex workers and injecting drug users. WHO continues to recognize the importance of meeting the particular needs of young people, and gives special attention to relieving the impact of HIV/AIDS on health systems (including the particular HIV infection risks experienced by health workers). Thus, WHO priorities include supporting and coordinating high-quality research on HIV/AIDS, providing technical support for programme development, implementation, monitoring and evaluation, and surveillance of HIV infection and its behavioural determinants. In some cases, support is provided through links with programmes on reproductive health, essential drugs, disease surveillance, the provision of health information, vaccine development, blood safety or substance use.

9. WHO has strengthened its normative functions and the technical capabilities of WHO regional and country teams. Regional and country offices are focusing particular attention on strengthening the health sector responses to the epidemic, and have prime responsibility within the United Nations system for issues related to care and support of people living with HIV/AIDS and for the availability of prevention and treatment for sexually transmitted infections. WHO regional offices are recruiting specialists to act as focal points for specific areas of work, including voluntary counselling and testing, prevention of mother-to-child transmission and other essential components of HIV/AIDS work; the coordination of HIV activities within health systems; and surveillance (with an emphasis on behavioural issues). Additional qualified staff, including national programme officers, are to be placed in countries. Subregional technical teams are being established to provide direct support to countries and facilitate the management of regional technical networks.

10. WHO is also developing a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections as part of the United Nations system's strategic plan for HIV/AIDS for 2001-2005, as requested by the World Health Assembly in its resolution WHA53.14. The process includes wide consultation with Governments, non-governmental organizations, WHO regional offices and country representatives, collaborating centres and experts. The global strategy proposes three main tactics: reducing the risks of HIV infection; decreasing people's vulnerability to HIV infection; and lessening the epidemic's overall impact on people's lives and on development.

World Bank

11. The World Bank has made HIV/AIDS a top institutional priority, both for analysis and action. The Bank placed HIV/AIDS at the centre of the global development agenda during the April 2000 meetings of world finance ministers, detailing the severe threat the epidemic poses to development around the world. It has expanded the economic analysis of the impact of AIDS, and in connection with the UNAIDS secretariat has produced detailed estimates of the costs of mounting comprehensive national HIV/AIDS programmes. It has taken a leading role in initiatives to help bring an HIV vaccine to market in the developing world, and is one of the UNAIDS co-sponsors involved in the accelerating access initiative to make antiretroviral drugs more accessible in poor countries.

12. The Bank has also increased its support for HIV/AIDS programmes. In September 2000, it launched the first phase of the multi-country AIDS programme for Africa. Prepared in collaboration with UNAIDS, the International Partnership Against AIDS in Africa, key bilateral donors and leading NGOs, the programme is designed not only to increase resources for HIV/AIDS but also to address the key impediments to an expanded response, such as slow implementation and inadequate support to communities. The first phase of the programme has made $500 million in credits available to countries in Africa to step up national prevention, care and treatment programmes, and to help them prepare to cope with the impact of AIDS. Programme resources may be used to support initiatives by government, civil society, the private sector and communities; special mechanisms have been designed to ensure funds flow quickly to community level. The Bank is now preparing a similar initiative for the Caribbean, and is also supporting major HIV/AIDS projects in several other countries, including Brazil, China and India.

International Labour Organization

13. The focus of the ILO is on the development of workplace policies and the implementation of a global technical cooperation programme on HIV/AIDS and the world of work. At the global level, an effort is being made to apply ILO concepts and methods

developed on labour and social issues to respond to HIV/AIDS. An international code of practice on HIV/AIDS and the world of work is expected to be adopted in May 2001 to provide legal and practical guidance on developing workplace policies, especially towards protecting fundamental rights at work. Programme priorities include the application of a "social vaccine" for prevention and protection, such as social inclusion and income and job security; strengthening activities against the virus through improved knowledge; documenting and disseminating information through effective labour market information systems; eliminating the stigmatization and discrimination attached to HIV/AIDS by adopting and applying ILO international labour standards; integrating HIV/AIDS in existing social security schemes and developing new ones. Initially, action by the ILO has mainly focused on Africa and the implementation of an African platform of action on HIV/AIDS; in addition, ILO global programmes now include country-level activities in Asia and the Pacific, Eastern and Central Europe, and Latin America and the Caribbean. Key activities carried out in the context of the global programme focus on promoting awareness and developing strategies concerning the impact of HIV/AIDS on the world of work, and documenting and disseminating information on national experience; incorporating workplace policies into national action plans against HIV/AIDS; integrating HIV/AIDS issues into all ILO programmes at the national and enterprise levels, particularly with respect to combating discrimination and social exclusion; and mitigating the adverse social and labour consequences of HIV/AIDS.

Food and Agriculture Organization of the United Nations

14. In response to the HIV epidemic, FAO contributes its technical expertise in sustainable agriculture and rural development, and is developing strategies through which the agricultural sector can address HIV/AIDS. With UNAIDS, FAO will undertake integrated prevention programmes that will help spread information, especially to young men and women, about HIV vulnerability, risk reduction and sustainable rural development. It is exploring ways of assisting farming communities in rural areas with high HIV prevalence, and of developing agriculture programmes that modify mobility patterns to reduce the vulnerability of migrants to HIV infection and develop strategies that focus on prevention.

Office of the United Nations High Commissioner for Human Rights

15. The objective of the Office in the area of HIV/AIDS is to contribute to an effective and sustainable human rights-based response to the epidemic at the national, regional and international levels through enhancing the integration of HIV/AIDS issues within the human rights machinery. It advocated the inclusion of HIV/AIDS on the agenda of the Commission on Human Rights and its Subcommission; has widely distributed the international guidelines on HIV/AIDS and human rights to States, United Nations agencies and NGOs; and has contributed to increasing political support for HIV/AIDS initiatives through the adoption of Commission on Human Rights resolutions on HIV/AIDS and human rights. Programme priorities include strengthening the respect of human rights as part of the response to the epidemic, reducing HIV/AIDS-related discrimination at work and elsewhere by engaging persons infected and affected in promotion, protection and respecting human rights within prevention, control and care programmes. The Office will advocate for the implementation of HIV/AIDS-related rights of populations vulnerable to HIV/AIDS so that the vulnerability of these populations to human rights violations and exposure to HIV is reduced. Together with UNAIDS, it will continue to organize training sessions on human rights in the context of HIV for experts within the United Nations human rights system and other relevant partners, such as Governments and NGOs.

Office of the United Nations High Commissioner for Refugees

16. UNHCR programme priorities addressing HIV/AIDS include the strengthening of the STI and HIV/AIDS prevention and care component of reproductive health programmes in refugee settings, as well as capacity-building of UNHCR staff and partners in the design and implementation of HIV/AIDS prevention and care activities. It also disseminates information (i.e., best practice packages and guidelines) and advocacy on HIV/AIDS prevention and care needs of refugees through international, regional and national forums. UNHCR priority geographic regions are the Great Lakes Region and West Africa.

United Nations Research Institute for Social Development

17. Recognizing the undeniable importance of the HIV/AIDS epidemic affecting the world today, the Institute prepared an issues paper on HIV/AIDS and development at the invitation of the UNAIDS secretariat during 2000. During this period, UNRISD began to form a network of well-known researchers (social scientists, activists and medical specialists) with an interest in further work on HIV/AIDS. The Institute's goal in this field is to generate new knowledge about the course and consequences of the epidemic, as well as new ideas on how to strengthen the capacity of particular societies to deal with HIV/AIDS.

United Nations Volunteers

18. The main focus of UNV in the area of HIV/AIDS is the strengthening of local initiatives for prevention and control of the epidemic through community-oriented, participatory involvement. UNV also strives to alleviate the devastating socio-economic effects of the pandemic by disseminating HIV/AIDS information and by providing training and general health care. Together with the UNAIDS secretariat and UNDP, it has launched a pilot project, unique in the United Nations system, by engaging people living with HIV/AIDS as national United Nations volunteers to work in their own communities. The project helps to set up women support groups for orphans of HIV/AIDS and their foster parents; provides technical assistance so that local communities can produce their own publications on HIV/AIDS; and trains co-workers to manage HIV laboratory operations. UNV programme priorities and targets include building government and community capacity in relation to information, education and communication skills for HIV prevention; providing loans to sex workers; and training community caregivers for orphans in Africa and Asia and the Pacific, its priority geographic regions.

World Food Programme

19. WFP is working towards incorporating HIV/AIDS concerns into all of its programmes, both development and emergencies. WFP concentrates on using food aid as a way to improve the food security of HIV/AIDS- affected families and orphans. In collaboration with its partners, WFP will also incorporate information, education and communication activities at its distribution sites through community partners, such as relief committees.

20. At the headquarters level, WFP is developing a strategy and guidelines to integrate HIV/AIDS into all existing and new programmes. At the field level, WFP will programme mitigation activities, including school feeding with take-home rations for families with orphans; food rations for tuberculosis patients undergoing therapy; and vocational/agricultural training for street children and orphans. Current pilot interventions also include using WFP's extensive logistics network to support HIV/AIDS education and risk-reduction activities for contracted transport workers.

United Nations Development Fund for Women

21. The reality that the epidemic is fuelled in a major way by gender relations and gender inequality has led UNIFEM to expand its work on gender, human rights and HIV/AIDS. The organization's three priority areas — strengthening women's economic rights, engendering governance and leadership, and promoting women's rights — are all essential strategies in this effort. In keeping with its mandate to be catalytic, innovative and to support inter-agency mechanisms for mainstreaming gender, the UNIFEM programme for action on gender and HIV/AIDS will include work on advocacy, brokering partnerships and capacity-building.

22. UNIFEM has recently completed the first phase of a global programme, "Gender focused responses to the challenges of the HIV/AIDS epidemic", which was funded in large part by UNAIDS and UNFPA. The programme, which is currently going into phase II, was designed to link policy, research and outreach strategies on gender and HIV/AIDS in order to build bridges of support, advocacy and activism at the national and regional levels.

United Nations Industrial Development Organization

23. UNIDO aims to contribute to the reversal of the devastating impact of HIV/AIDS on rural and urban livelihoods. Within the framework of the UNIDO integrated programmes being implemented in several countries, major initiatives have been taken to mobilize the private sector/business community, including

women entrepreneur groups, to support HIV/AIDS-specific activities, focusing on awareness creation, prevention and survival. In response to the spread of HIV/AIDS in Africa and in accordance with the development objective of supporting the developing countries in their efforts to accelerate socio-economic development, UNIDO will address the issue of HIV/AIDS at the global forum level and with appropriate technical assistance programmes, preferably with the support of the international private sector, especially those with interests in Africa. It is proposed to undertake action-oriented studies on the impact of HIV/AIDS on the private sector, including enterprise-level surveys, with a view to defining realistic strategies and mainstreaming HIV/AIDS awareness and "business against AIDS" prevention campaigns into the UNIDO network of industrial support institutions and enterprises. In addition, technical assistance programmes will focus on building capacities and capabilities for the production of AIDS-related health products, including support to plant-derived pharmaceutical research and pilot programmes in southern Africa and elsewhere.

Resident coordinator system

24. The resident coordinator system is responsible for the UNDAF process in which the United Nations Theme Groups play a critical role. The theme groups on HIV/AIDS are platforms for bringing the United Nations together in support of the countries affected by HIV/AIDS. They are mainly responsible for coordination, advocacy and partnership building, joint policy and strategic decision-making and integrated planning, and in some instances have played a key role, together with UNAIDS, in resource mobilization for country-based United Nations initiatives. Within the resident coordinator system, the theme groups on HIV/AIDS have been among the earliest established to lead and support an expanded multisectoral response to the HIV/AIDS epidemic.

25. The theme groups on HIV/AIDS have been expanded to facilitate dialogue and networking between partners, thereby strengthening support to the national response. Membership has been expanded to include Governments, civil society groups, NGO AIDS consortia and bilateral donors. People living with HIV/AIDS have also become members.

26. The theme groups on HIV/AIDS have been actively engaged in the UNDAF process, first through the common country assessment process and then in UNDAF, which is based on the common country assessment, and subsequently in the elaboration of individual agencies' country programmes as well as joint programmes and projects. They have also been linked with a number of other key instruments of development cooperation, employed by the United Nations system and other partners.

United Nations Secretariat

27. The Division for Economic and Social Council Support and Coordination, in its coordinating capacity, acts as the focal point for the United Nations Secretariat on HIV/AIDS. The Division for Social Policy and Development is undertaking a study on families in the most HIV/AIDS-affected countries, and HIV/AIDS will be a topic in one of the working groups of the World Youth Forum, to be held from 5 to 12 August 2001 in Senegal. The Population Division includes HIV/AIDS in official United Nations population estimates and projections to enable the assessment of the epidemic. In order to contribute to further understanding of the issue of the increasing proportion of women living with AIDS in every region, especially in sub-Saharan Africa and among younger age groups, the Division for the Advancement of Women, in collaboration with WHO and UNAIDS, convened an Expert Group meeting on the HIV/AIDS pandemic and its gender implications in Namibia in November 2000. The Commission on the Status of Women repeatedly discusses women and HIV/AIDS, including when it reviews the critical area of concern "Women and health". The increasing proportion of women living with HIV/AIDS was raised in Commission resolution 44/22 on women, the girl child and HIV/AIDS. The Department of Peacekeeping Operations cooperates with the Civil Military Alliance to Combat HIV and AIDS, developing training programmes and educational materials for military and other personnel assigned to United Nations peacekeeping operations. HIV/AIDS is becoming part of the meeting agendas of the regional commissions, and the Economic Commission for Africa convened the Second African Development Forum in December 2000, on the theme "AIDS: the greatest leadership challenge". The results of the Forum will serve as a valuable input to the preparatory process for the special session of the General Assembly on HIV/AIDS. The Department of Public Information raises public awareness on the epidemic and its effects through

radio, television and printed matter. The United Nations Medical Service ensures that United Nations policies on HIV/AIDS for staff members and peacekeepers are implemented. It provides proper health education, training and measures for personal protection, thereby offering an effective AIDS prevention programme.

World Intellectual Property Organization

28. WIPO addresses the issue on patents for pharmaceutical products for the treatment of HIV/AIDS within the context of the Trade-Related Intellectual Property Rights agreement. It provides legislative advice, human resources and infrastructure development for tailoring solutions to the needs of a country to implement international obligations and ensuring access to health care.

United Nations Relief and Works Agency for Palestine Refugees in the Near East

29. UNRWA's current priorities concerning HIV/AIDS include the education of vulnerable groups, such as youth at school, vocational training centres and women's programme centres, as well as surveillance of STDs and HIV/AIDS. This is carried out by training health staff on counselling for epidemic prevention and control, and the production of educational kits for school teachers and students. UNRWA is represented in the national AIDS committees in the host countries and areas of Jordan, the Syrian Arab Republic, Lebanon and Palestine.

World Tourism Organization

30. WTO is an intergovernmental organization that serves as a global forum for tourism policy and issues. It addresses HIV/AIDS issues in the context of its mandate through its international campaign against organized sex tourism, specifically against child sex.

Joint United Nations Programme on HIV/AIDS

31. The Joint United Nations Programme on HIV/AIDS is the leading advocate for global action on HIV/AIDS. It brings together seven United Nations bodies in a common effort to fight the epidemic: UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and the World Bank. UNAIDS both mobilizes the responses to the epidemic of its seven co-sponsoring bodies and supplements these efforts with special initiatives. The areas of focus of the UNAIDS secretariat are to sustain and build political momentum; improve support to country-level resource mobilization and national coordination, ensuring a well-coordinated United Nations response; accelerate access to HIV care, noting the inseparability of prevention and care, with attention to equity and affordability; and leverage technical support and knowledge management.